

PTO/SB/83 (08-04)

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|-----------------|
| Application Number | 10/807,643 |
| Filing Date | 03/23/2004 |
| First Named Inventor | Aaron V. Kaplan |
| Art Unit | 3738 |
| Examiner Name | S.J. Jackson |
| Attorney Docket Number | 025630-000210US |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record
- ☐ all the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ all the attorneys/agents associated with Customer Number **20350**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: at the request of the client.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name **Gerard von Hoffmann, III, Esq.**

Address **Knobbe, Martens, Olsen & Bear LLP
2040 Main Street, 14th Floor**

City **Irvine** State **CA** Zip **92614**

Country **USA**

Telephone **949-721-2815** Fax **949-760-9502**

Signature 

Name **James M. Heslin** Registration No. **29,541**

Date **April 8, 2005** Telephone No. **650-326-2400**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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